



Primary Provider's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Last Name	First	MI
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Parent/Guardian/  
Individual of Record:

Last Name	First	Middle Initial
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If yes, check one eligibility box:

- ☐ Medicaid
- ☐ American Indian/Alaska Native
- ☐ Uninsured
- ☐ Underinsured (health insurance does not cover cost of vaccines)

## Eligibility Changes

Although VFC eligibility status must be reviewed EVERY time a vaccine is administered, documentation is required on the table below ONLY when changes in VFC eligibility occur.

[illegible]

\* To be supported with VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center.